



# Children's International<sup>®</sup>

## MEDICAL GROUP

### CONTROLLED SUBSTANCE TREATMENT AGREEMENT

The purpose of this agreement is to set out the rules and regulations that are enforced at all of the CIMG clinics in order for any of our providers to prescribe controlled substances. These apply to all of our patients who are prescribed controlled medications by any of our providers in an ongoing basis. These rules and regulations are meant to assure that such medications are prescribed in a safe and responsible manner and in accordance with all government regulatory agencies. Please initial each line to indicate that you have understood each rule.

\_\_\_\_\_ I understand that the medicine prescribed to my child is a controlled substance that requires close monitoring.

\_\_\_\_\_ I understand that while under the care of a CIMG provider I will not obtain nor seek from another healthcare provider any controlled substance for my child.  
I understand that I will not borrow, lend, sell nor trade control substances that were prescribed to my child.

\_\_\_\_\_ I understand that I will faithfully and strictly follow the instructions of the prescribed controlled substance.

\_\_\_\_\_ I understand that I must and will safeguard the prescribed controlled substance and I understand that lost, misplaced or stolen medications will not be replaced until the appropriate refill date.

\_\_\_\_\_ I agree for my child to be randomly tested (urine or hair) to assure my compliance of treatment plan.

\_\_\_\_\_ I understand that if I choose not to follow the prescribed treatment plan without discussing it with my child's healthcare provider I am being negligent and such action could/will be reported to the appropriate authorities.

\_\_\_\_\_ I understand that I can only request refills of controlled substances medication during an office visit (face-to-face) on a monthly basis, unless otherwise stated by the servicing provider.

\_\_\_\_\_ I understand that a violation of any of the above rules will constitute a total violation of this agreement which could be a cause for my child/children to be discharged from all CIMG's providers and clinics.

\_\_\_\_\_ I understand that these rules and the agreement are not judgmental and that the intent is to collaborate with my provider to create the best treatment plan for my child. Failure to follow these rules does not mean that I am abusing or misusing the prescribed controlled medications but it means that the CIMG healthcare provider will not be able to prescribe controlled substances even if the infraction was unintended and/or innocent.

Patient's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

CIMG Witness: \_\_\_\_\_